



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGISLA1	TOR INFORMATION		
Name  Tenjer E C  Mailing address  Roudouk	WRLL 1 97		Office: House District	□ Senate
City, zip code	dimension political desirability and the second desirabili	4949 (citabolat 10 citabolat 10 citabolat e en e	Phone Jo7-7	3-5746
		FROM EMPLOYMENT BY AN		
List the name and address of each employer from economic activity of each employer.	m whom you	received compensation of \$1,000	or more. Specify th	ne principal type of
Name of Employer		Address		/pe of Economic of Employer
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	To Jonatha Marka Angalanda (Caraca)			(HPAPAPAGAMANAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGAG
(For	r Legislators	VED FROM SELF-EMPLOYME who are self-employed.)		
A. List the name and address of your business, it associated with a partnership, firm, professional a entity.	f any, and list association, o	the major areas of economic activer similar business entity, list the m	rity from which you o ajor areas of econo	derived income. If mic activity of that
Name and Address of Business Entity		Major Areas of Economic Activity (self)	/ Adjusted A	as of Economic activity ssociation or similar less entity)
Name: - Address:			77 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	
Name: Address:				Andrew Commence of the Commenc

	PART 2 (continued). INCOME DERIVED FROM SELF-E (For Legislators who are self-employed.)	MPLOYMENT				
greater, and specify disclosure is prohibit	e of income derived from self-employment that represents more than 10% y the principal type of economic activity of the entity or person from who ited by law, rule, or an established code of professional ethics, specify only m whom the income was derived.	om you derived such income. If this form of the principal type of economic activity of the				
	Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income				
Name:						
Address:						
Name:						
Address:	<u> </u>	<u> </u>				
	PART 3. MAJOR AREAS OF PRACTICE  (For Legislators who are attorneys-at-law only.)					
List your major areas	s of practice. If associated with a law firm, list the major areas of practice o					
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	PART 4. OTHER SOURCES OF INCOME					
List each source of ir	ncome of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of this form. Do not i	nclude gifts. If none, check the box.				
None None		Kind of Income				
	Name and Address of Source	(investments, leases, etc.)				
Name:		- Committee of the Comm				
Name: Address:		COLLANDARIO				
	PART 5. REPORTABLE LIABILITIES					
	reditors for any <u>unsecured</u> loans of \$3,000 or more that you received ductivity of each creditor. Do not list credit card liability or loans from a relativ					
☐ None						
	Name and Address of Creditor	Principal Type of Economic Activity of Creditor				
Name:		**************************************				
Address:						
Name:		hubikumanyoya a ee				
Address:						

PART 6.	. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Incl none, check the box.	lude gifts with an aggregate	value of more than \$300 from a	single source. If
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Name of Source of Gift		Name of Source of Gift	
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PART 7. RI	EPORTABLE HONORARI	UA programme and the control of the	
List the source of any honoraria accepted for appearances or	r speeches related to your leg	gislative responsibilities. If none,	check the box.
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	TATION BEFORE STATE		
List each executive branch agency before which you represe box.	ented or assisted others for o	compensation of any amount. If	none, check the
		Collected about the control of the collected and	
Name of Agency		Name of Agency	
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PART 9. BUSIN	NESS WITH STATE AGEN	NCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.			llue in excess of
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	<b>41</b> -		
PART 10. INCOME RECEIVE	ED BY MEMBERS OF IM	MEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If y	received by your spouse or dom your spouse or domestic partner	nestic partner or received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Ir	ncome
Name:	1.	Spouse or 1.	Suresenin is resulta ta angga pagaan, agaan resulta is
Job Title:	- 2.	Domestic 2.	
	3.	3.	
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	Total Control of the	Dependent Child	
	Table State	Dependent Child	

Organization/Business and Address	antitered is any to be a sequitable of a popular declaration of the contract o	e Po	sition Held By:	Family Membe Name		mpen- ated?
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Legislator who willfully fails to file a required state	ement is subject to	o a fine of up to	\$100. (1 M	I.R.S.A. § 101	7-A)	
The intentional filing of a false statement is a Class villfully filed a false statement, it shall refer its findi	s E crime. If the C	Commission co	ncludes that	it appears tha	at a Legis	lator has
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PART 11. OFFICER OR DIRECTOR POSITIONS